

By: Representative Banks

To: Medicaid; Appropriations
A

HOUSE BILL NO. 379

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
 2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65
 3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED
 4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF
 5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT
 6 PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE FOR A STATEWIDE
 7 SPECIAL ELECTION TO BE HELD ON TUESDAY, NOVEMBER 5, 2024, FOR THE
 8 PURPOSE OF DETERMINING WHETHER MEDICAID ELIGIBILITY WILL BE
 9 EXPANDED TO PERSONS AUTHORIZED FOR COVERAGE UNDER THE FEDERAL
 10 PATIENT PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE THAT IF A
 11 MAJORITY OF THE QUALIFIED ELECTORS VOTING ON THE QUESTION IN THE
 12 SPECIAL ELECTION VOTE FOR EXPANDING MEDICAID TO THOSE PERSONS,
 13 THEN THIS ACT SHALL TAKE EFFECT ON JANUARY 1, 2025; TO PROVIDE
 14 THAT IF A MAJORITY OF THE QUALIFIED ELECTORS VOTING ON THE
 15 QUESTION IN THE ELECTION VOTE AGAINST EXPANDING MEDICAID TO THOSE
 16 PERSONS, THEN THIS ACT SHALL NOT TAKE EFFECT; AND FOR RELATED
 17 PURPOSES.

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

19 **SECTION 1.** Section 43-13-115, Mississippi Code of 1972, is
 20 amended as follows:

21 43-13-115. Recipients of Medicaid shall be the following
 22 persons only:

- 23 (1) Those who are qualified for public assistance
- 24 grants under provisions of Title IV-A and E of the federal Social
- 25 Security Act, as amended, including those statutorily deemed to be



26 IV-A and low income families and children under Section 1931 of
27 the federal Social Security Act. For the purposes of this
28 paragraph (1) and paragraphs (8), (17) and (18) of this section,
29 any reference to Title IV-A or to Part A of Title IV of the
30 federal Social Security Act, as amended, or the state plan under
31 Title IV-A or Part A of Title IV, shall be considered as a
32 reference to Title IV-A of the federal Social Security Act, as
33 amended, and the state plan under Title IV-A, including the income
34 and resource standards and methodologies under Title IV-A and the
35 state plan, as they existed on July 16, 1996. The Department of
36 Human Services shall determine Medicaid eligibility for children
37 receiving public assistance grants under Title IV-E. The division
38 shall determine eligibility for low income families under Section
39 1931 of the federal Social Security Act and shall redetermine
40 eligibility for those continuing under Title IV-A grants.

41 (2) Those qualified for Supplemental Security Income
42 (SSI) benefits under Title XVI of the federal Social Security Act,
43 as amended, and those who are deemed SSI eligible as contained in
44 federal statute. The eligibility of individuals covered in this
45 paragraph shall be determined by the Social Security
46 Administration and certified to the Division of Medicaid.

47 (3) Qualified pregnant women who would be eligible for
48 Medicaid as a low income family member under Section 1931 of the
49 federal Social Security Act if her child were born. The



50 eligibility of the individuals covered under this paragraph shall
51 be determined by the division.

52 (4) [Deleted]

53 (5) A child born on or after October 1, 1984, to a
54 woman eligible for and receiving Medicaid under the state plan on
55 the date of the child's birth shall be deemed to have applied for
56 Medicaid and to have been found eligible for Medicaid under the
57 plan on the date of that birth, and will remain eligible for
58 Medicaid for a period of one (1) year so long as the child is a
59 member of the woman's household and the woman remains eligible for
60 Medicaid or would be eligible for Medicaid if pregnant. The
61 eligibility of individuals covered in this paragraph shall be
62 determined by the Division of Medicaid.

63 (6) Children certified by the State Department of Human
64 Services to the Division of Medicaid of whom the state and county
65 departments of human services have custody and financial
66 responsibility, and children who are in adoptions subsidized in
67 full or part by the Department of Human Services, including
68 special needs children in non-Title IV-E adoption assistance, who
69 are approvable under Title XIX of the Medicaid program. The
70 eligibility of the children covered under this paragraph shall be
71 determined by the State Department of Human Services.

72 (7) Persons certified by the Division of Medicaid who
73 are patients in a medical facility (nursing home, hospital,
74 tuberculosis sanatorium or institution for treatment of mental



75 diseases), and who, except for the fact that they are patients in
76 that medical facility, would qualify for grants under Title IV,
77 Supplementary Security Income (SSI) benefits under Title XVI or
78 state supplements, and those aged, blind and disabled persons who
79 would not be eligible for Supplemental Security Income (SSI)
80 benefits under Title XVI or state supplements if they were not
81 institutionalized in a medical facility but whose income is below
82 the maximum standard set by the Division of Medicaid, which
83 standard shall not exceed that prescribed by federal regulation.

84 (8) Children under eighteen (18) years of age and
85 pregnant women (including those in intact families) who meet the
86 financial standards of the state plan approved under Title IV-A of
87 the federal Social Security Act, as amended. The eligibility of
88 children covered under this paragraph shall be determined by the
89 Division of Medicaid.

90 (9) Individuals who are:

91 (a) Children born after September 30, 1983, who
92 have not attained the age of nineteen (19), with family income
93 that does not exceed one hundred percent (100%) of the nonfarm
94 official poverty level;

95 (b) Pregnant women, infants and children who have
96 not attained the age of six (6), with family income that does not
97 exceed one hundred thirty-three percent (133%) of the federal
98 poverty level; and



99 (c) Pregnant women and infants who have not
100 attained the age of one (1), with family income that does not
101 exceed one hundred eighty-five percent (185%) of the federal
102 poverty level.

103 The eligibility of individuals covered in (a), (b) and (c) of
104 this paragraph shall be determined by the division.

105 (10) Certain disabled children age eighteen (18) or
106 under who are living at home, who would be eligible, if in a
107 medical institution, for SSI or a state supplemental payment under
108 Title XVI of the federal Social Security Act, as amended, and
109 therefore for Medicaid under the plan, and for whom the state has
110 made a determination as required under Section 1902(e)(3)(b) of
111 the federal Social Security Act, as amended. The eligibility of
112 individuals under this paragraph shall be determined by the
113 Division of Medicaid.

114 (11) Until the end of the day on December 31, 2005,
115 individuals who are sixty-five (65) years of age or older or are
116 disabled as determined under Section 1614(a)(3) of the federal
117 Social Security Act, as amended, and whose income does not exceed
118 one hundred thirty-five percent (135%) of the nonfarm official
119 poverty level as defined by the Office of Management and Budget
120 and revised annually, and whose resources do not exceed those
121 established by the Division of Medicaid. The eligibility of
122 individuals covered under this paragraph shall be determined by
123 the Division of Medicaid. After December 31, 2005, only those



124 individuals covered under the 1115(c) Healthier Mississippi waiver
125 will be covered under this category.

126 Any individual who applied for Medicaid during the period
127 from July 1, 2004, through March 31, 2005, who otherwise would
128 have been eligible for coverage under this paragraph (11) if it
129 had been in effect at the time the individual submitted his or her
130 application and is still eligible for coverage under this
131 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
132 coverage under this paragraph (11) from March 31, 2005, through
133 December 31, 2005. The division shall give priority in processing
134 the applications for those individuals to determine their
135 eligibility under this paragraph (11).

136 (12) Individuals who are qualified Medicare
137 beneficiaries (QMB) entitled to Part A Medicare as defined under
138 Section 301, Public Law 100-360, known as the Medicare
139 Catastrophic Coverage Act of 1988, and whose income does not
140 exceed one hundred percent (100%) of the nonfarm official poverty
141 level as defined by the Office of Management and Budget and
142 revised annually.

143 The eligibility of individuals covered under this paragraph
144 shall be determined by the Division of Medicaid, and those
145 individuals determined eligible shall receive Medicare
146 cost-sharing expenses only as more fully defined by the Medicare
147 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
148 1997.



149 (13) (a) Individuals who are entitled to Medicare Part
150 A as defined in Section 4501 of the Omnibus Budget Reconciliation
151 Act of 1990, and whose income does not exceed one hundred twenty
152 percent (120%) of the nonfarm official poverty level as defined by
153 the Office of Management and Budget and revised annually.
154 Eligibility for Medicaid benefits is limited to full payment of
155 Medicare Part B premiums.

156 (b) Individuals entitled to Part A of Medicare,
157 with income above one hundred twenty percent (120%), but less than
158 one hundred thirty-five percent (135%) of the federal poverty
159 level, and not otherwise eligible for Medicaid. Eligibility for
160 Medicaid benefits is limited to full payment of Medicare Part B
161 premiums. The number of eligible individuals is limited by the
162 availability of the federal capped allocation at one hundred
163 percent (100%) of federal matching funds, as more fully defined in
164 the Balanced Budget Act of 1997.

165 The eligibility of individuals covered under this paragraph
166 shall be determined by the Division of Medicaid.

167 (14) [Deleted]

168 (15) Disabled workers who are eligible to enroll in
169 Part A Medicare as required by Public Law 101-239, known as the
170 Omnibus Budget Reconciliation Act of 1989, and whose income does
171 not exceed two hundred percent (200%) of the federal poverty level
172 as determined in accordance with the Supplemental Security Income
173 (SSI) program. The eligibility of individuals covered under this



174 paragraph shall be determined by the Division of Medicaid and
175 those individuals shall be entitled to buy-in coverage of Medicare
176 Part A premiums only under the provisions of this paragraph (15).

177 (16) In accordance with the terms and conditions of
178 approved Title XIX waiver from the United States Department of
179 Health and Human Services, persons provided home- and
180 community-based services who are physically disabled and certified
181 by the Division of Medicaid as eligible due to applying the income
182 and deeming requirements as if they were institutionalized.

183 (17) In accordance with the terms of the federal
184 Personal Responsibility and Work Opportunity Reconciliation Act of
185 1996 (Public Law 104-193), persons who become ineligible for
186 assistance under Title IV-A of the federal Social Security Act, as
187 amended, because of increased income from or hours of employment
188 of the caretaker relative or because of the expiration of the
189 applicable earned income disregards, who were eligible for
190 Medicaid for at least three (3) of the six (6) months preceding
191 the month in which the ineligibility begins, shall be eligible for
192 Medicaid for up to twelve (12) months. The eligibility of the
193 individuals covered under this paragraph shall be determined by
194 the division.

195 (18) Persons who become ineligible for assistance under
196 Title IV-A of the federal Social Security Act, as amended, as a
197 result, in whole or in part, of the collection or increased
198 collection of child or spousal support under Title IV-D of the



199 federal Social Security Act, as amended, who were eligible for
200 Medicaid for at least three (3) of the six (6) months immediately
201 preceding the month in which the ineligibility begins, shall be
202 eligible for Medicaid for an additional four (4) months beginning
203 with the month in which the ineligibility begins. The eligibility
204 of the individuals covered under this paragraph shall be
205 determined by the division.

206 (19) Disabled workers, whose incomes are above the
207 Medicaid eligibility limits, but below two hundred fifty percent
208 (250%) of the federal poverty level, shall be allowed to purchase
209 Medicaid coverage on a sliding fee scale developed by the Division
210 of Medicaid.

211 (20) Medicaid eligible children under age eighteen (18)
212 shall remain eligible for Medicaid benefits until the end of a
213 period of twelve (12) months following an eligibility
214 determination, or until such time that the individual exceeds age
215 eighteen (18).

216 (21) Women of childbearing age whose family income does
217 not exceed one hundred eighty-five percent (185%) of the federal
218 poverty level. The eligibility of individuals covered under this
219 paragraph (21) shall be determined by the Division of Medicaid,
220 and those individuals determined eligible shall only receive
221 family planning services covered under Section 43-13-117(13) and
222 not any other services covered under Medicaid. However, any
223 individual eligible under this paragraph (21) who is also eligible



224 under any other provision of this section shall receive the
225 benefits to which he or she is entitled under that other
226 provision, in addition to family planning services covered under
227 Section 43-13-117(13).

228 The Division of Medicaid shall apply to the United States
229 Secretary of Health and Human Services for a federal waiver of the
230 applicable provisions of Title XIX of the federal Social Security
231 Act, as amended, and any other applicable provisions of federal
232 law as necessary to allow for the implementation of this paragraph
233 (21). The provisions of this paragraph (21) shall be implemented
234 from and after the date that the Division of Medicaid receives the
235 federal waiver.

236 (22) Persons who are workers with a potentially severe
237 disability, as determined by the division, shall be allowed to
238 purchase Medicaid coverage. The term "worker with a potentially
239 severe disability" means a person who is at least sixteen (16)
240 years of age but under sixty-five (65) years of age, who has a
241 physical or mental impairment that is reasonably expected to cause
242 the person to become blind or disabled as defined under Section
243 1614(a) of the federal Social Security Act, as amended, if the
244 person does not receive items and services provided under
245 Medicaid.

246 The eligibility of persons under this paragraph (22) shall be
247 conducted as a demonstration project that is consistent with
248 Section 204 of the Ticket to Work and Work Incentives Improvement



249 Act of 1999, Public Law 106-170, for a certain number of persons
250 as specified by the division. The eligibility of individuals
251 covered under this paragraph (22) shall be determined by the
252 Division of Medicaid.

253 (23) Children certified by the Mississippi Department
254 of Human Services for whom the state and county departments of
255 human services have custody and financial responsibility who are
256 in foster care on their eighteenth birthday as reported by the
257 Mississippi Department of Human Services shall be certified
258 Medicaid eligible by the Division of Medicaid until their
259 twenty-first birthday.

260 (24) Individuals who have not attained age sixty-five
261 (65), are not otherwise covered by creditable coverage as defined
262 in the Public Health Services Act, and have been screened for
263 breast and cervical cancer under the Centers for Disease Control
264 and Prevention Breast and Cervical Cancer Early Detection Program
265 established under Title XV of the Public Health Service Act in
266 accordance with the requirements of that act and who need
267 treatment for breast or cervical cancer. Eligibility of
268 individuals under this paragraph (24) shall be determined by the
269 Division of Medicaid.

270 (25) The division shall apply to the Centers for
271 Medicare and Medicaid Services (CMS) for any necessary waivers to
272 provide services to individuals who are sixty-five (65) years of
273 age or older or are disabled as determined under Section



274 1614(a)(3) of the federal Social Security Act, as amended, and
275 whose income does not exceed one hundred thirty-five percent
276 (135%) of the nonfarm official poverty level as defined by the
277 Office of Management and Budget and revised annually, and whose
278 resources do not exceed those established by the Division of
279 Medicaid, and who are not otherwise covered by Medicare. Nothing
280 contained in this paragraph (25) shall entitle an individual to
281 benefits. The eligibility of individuals covered under this
282 paragraph shall be determined by the Division of Medicaid.

283 (26) The division shall apply to the Centers for
284 Medicare and Medicaid Services (CMS) for any necessary waivers to
285 provide services to individuals who are sixty-five (65) years of
286 age or older or are disabled as determined under Section
287 1614(a)(3) of the federal Social Security Act, as amended, who are
288 end stage renal disease patients on dialysis, cancer patients on
289 chemotherapy or organ transplant recipients on antirejection
290 drugs, whose income does not exceed one hundred thirty-five
291 percent (135%) of the nonfarm official poverty level as defined by
292 the Office of Management and Budget and revised annually, and
293 whose resources do not exceed those established by the division.
294 Nothing contained in this paragraph (26) shall entitle an
295 individual to benefits. The eligibility of individuals covered
296 under this paragraph shall be determined by the Division of
297 Medicaid.



298 (27) Individuals who are entitled to Medicare Part D
299 and whose income does not exceed one hundred fifty percent (150%)
300 of the nonfarm official poverty level as defined by the Office of
301 Management and Budget and revised annually. Eligibility for
302 payment of the Medicare Part D subsidy under this paragraph shall
303 be determined by the division.

304 (28) The division is authorized and directed to provide
305 up to twelve (12) months of continuous coverage postpartum for any
306 individual who qualifies for Medicaid coverage under this section
307 as a pregnant woman, to the extent allowable under federal law and
308 as determined by the division.

309 (29) Individuals who are under sixty-five (65) years of
310 age, are not pregnant, are not entitled to or enrolled for
311 benefits under Part A or Part B of Medicare, are not eligible for
312 Medicaid under any other paragraph of this section, and whose
313 income is not more than one hundred thirty-three percent (133%) of
314 the federal poverty level applicable to a family of the size
315 involved. Individuals eligible under this paragraph (28) shall
316 receive benchmark coverage described in Section 1937(b)(1) of the
317 federal Social Security Act, as amended, or benchmark equivalent
318 coverage described in Section 1937(b)(2) of the federal Social
319 Security Act, as amended. The eligibility of individuals covered
320 under this paragraph shall be determined by the Division of
321 Medicaid.



322 The division shall redetermine eligibility for all categories
323 of recipients described in each paragraph of this section not less
324 frequently than required by federal law.

325 **SECTION 2.** There shall be a statewide special election for
326 the purpose of determining whether Section 1 of this act will take
327 effect. The special election shall be held on Tuesday, November
328 5, 2024, and shall be conducted in the same manner as regular
329 general elections are held. The question put before the voters at
330 the statewide special election shall read on the ballots as
331 follows:

332 **"PLEASE VOTE 'YES' OR 'NO'**

333 **Expand Medicaid eligibility to persons authorized for coverage**
334 **under the federal Patient Protection and Affordable Care Act.**

335 **'YES': _____ 'NO': _____"**

336 The qualified electors may indicate their preference on the
337 line following the answer that they prefer.

338 If a majority of the qualified electors voting on the
339 question in the special election vote "Yes," then Section 1 of
340 this act shall take effect from and after January 1, 2025. If a
341 majority of the qualified electors voting on the question in the
342 election vote "No," then Section 1 shall not take effect.

343 **SECTION 3.** Section 1 of this act shall take effect and be in
344 force from and after January 1, 2025, and Section 2 of this act
345 shall take effect and be in force from and after the passage of
346 this act.

